

Qty Purchase Agreement QPA Number		Page
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Requisition Nbr.:	Serological Assays	
Effective Date:	07/25/2008	
Expiration Date:	07/24/2011	
Agency Number:		
Facility:	ASA9-9-12	
Vendor ID:	0000275697	
Vendor Telephone Nbr:	585-453-4079	
Name Of Contact Pers:	CATHY JAROSZ	
FAX Number:	585-453-3660	

Name and Address of Vendor: JOHNSON AND JOHNSON HEALTH CAR
Cntct: CATHY JAROSZ
5972 COLLECTIONS CTR DR
CHICAGO IL 60693

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.

Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number	Quantity	UNIT	Article and Description	Unit Price
<p>This is an award of a Quantity Purchase Agreement for Seriological Assays.</p> <p>QPA can be mutually renewed yearly for three additional years.</p> <p>The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.</p> <p>Quantities were estimated and actual usage could be substantially more or less.</p> <p>The awarded vendor must maintain, at a minimum the information listed below in excel format and supplied to the State within one week of the request.</p> <p>The report must include purchases from State Agencies and any Political Subdivision's purchases.</p> <p>* Entity Name * Entity Address * Date of Order * Purchase Order Number * Description of Goods Ordered * Quantity * Order Total</p> <p>.</p> <p>Transportation charges to be pre-paid by vendor and added to invoice. A copy of the freight bill showing shipment has been pre-paid must accompany vendor's invoice.</p> <p>.</p>				
1	99,999,999.00 PK	000000000100072143	Reagent, Pack, HBsAg,100tests/pack Ortho # 680-1322	302.0800
2	99,999,999.00 EA	000000000100072144	Calibrator, HBsAg, 2x2m. Vial	116.9700
3	99,999,999.00 KT	000000000100072145	Confirmatory,Kit,HBsAg, 60tests/kit	467.8600
4	99,999,999.00 SET	000000000100072146	Controls,HBsAg, 3 sets/box, 2 levels/set	278.3800
5	99,999,999.00 PK	000000000100072147	Reagent, Pack, Anti-HBs, 100 tests/Pack	283.9700
6	99,999,999.00 PK	000000000100072148	Calibrators, Anti-HBs, 1 set/pack	0.0000
7	99,999,999.00 PK	000000000100072149	Controls, Anti-HBs, 3 sets/box, 3 levels/set	0.0000
8	99,999,999.00 PK	000000000100072150	Reagent, Pack, Anti-HBc, 100tests/Pack	283.9700
9	99,999,999.00 PK	000000000100072151	Calibrator, Anti-HBc, 1 vial/pack	175.4400
10	99,999,999.00 BX	000000000100072152	Controls, Anti-HBc, 1 box, 3 sets/box, 2 levels/set	233.9300
11	99,999,999.00 PK	000000000100072153	Reagent, Pack, Anti-HBc IgM, 52 tests	210.1700
12	99,999,999.00 PK	000000000100072154	Calibrator, Anti-HBc IgM, 1vial/Pack	175.4400

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Remit to: 5972 COLLECTIONS CTR DR
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Address Cntct: CATHY JAROSZ
of Vendor: 5972 COLLECTIONS CTR DR
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Line Number	Quantity	UNIT	Article and Description	Unit Price
13	99,999,999.00 BX	000000000100072155	Controls, Anti-HBc IgM, 1 box, 3 sets/box, 2 levels/set	233.9300
14	99,999,999.00 PK	000000000100072156	Reagent,Pack,Anti-HCV, 100/tests/Pack	655.4100
15	99,999,999.00 PK	000000000100072157	Calibrator,Anti-HCV, 1set/Pack	116.9700
16	99,999,999.00 BX	000000000100072158	Controls, Anti-HCV, 1 box, 3 sets/box, 2 levels/set	116.9700
17	99,999,999.00 PK	000000000100072159	Reagent, Pack, Anti-HAV IgM, 100 tests	307.1400
18	99,999,999.00 PK	000000000100072160	Calibrator, Anti-HAV IgM, 1 vial/Pack	0.0000
19	99,999,999.00 BX	000000000100072161	Controls, Anti-HAV IgM, 3 sets/box	0.0000
20	99,999,999.00 PK	000000000100072162	Reagent,Pack,Anti-HAV Total,100 tests	283.9700
21	99,999,999.00 PK	000000000100072163	Calibrator, Anti-HAV IgM Total, 1 vial/Pack	0.0000
22	99,999,999.00 BX	000000000100072164	Controls, Anti-HAV IgM Total, 3 sets/box	0.0000
23	99,999,999.00 PK	000000000100072168	Reagent, Pack, Rubella IgG, 100 tests	206.4900
24	99,999,999.00 PK	000000000100072169	Calibrators, Rubella IgG, 1 set/Pack	0.0000
25	99,999,999.00 PK	000000000100072170	Reagent, Pack, Anti-HIV 1 +2, 100 tests/Pack	357.3000
26	99,999,999.00 EA	000000000100072171	Calibrator, Anti-HIV 1+2	116.9700
27	99,999,999.00 BX	000000000100072172	Tips, Disposable, 1000/box	0.0000
28	99,999,999.00 BX	000000000100072173	Packs, ECi Maintenance, 2 packs/box	233.9300
29	99,999,999.00 BX	000000000100072174	Reagent, ECi Signal, 2 packs/box	70.1700
30	99,999,999.00 BX	000000000100072175	Container, Disposal, Eci Solid Waste, 10/box	34.5400
31	99,999,999.00 EA	000000000100072176	Filter, Reservoir, Eci Universal Wash	87.7300
32	99,999,999.00 EA	000000000100072177	Cartridge, Eci Vapor Adsorption	58.4800
33	99,999,999.00 BX	000000000100072178	Reagent, Eci Wash, 2 bottles/box	60.2300
34	99,999,999.00 BX	000000000100072179	Cups, Sample, Micro, 4000/box	102.6700
35	99,999,999.00 BX	000000000100072180	Cap, Pierce, Sample Cup, 1000/box	51.3200

The following UN/CEFACT Unit of Measure
Common Codes are used in this document:
BX Box
EA Each
KT Kit

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Line Number	Quantity	UNIT	Article and Description	Unit Price
		PK Package		
		SET Set		

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature	Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3150		